

1	Unified Rate Review v2.0.4																																					
2																																						
3	Company Legal Name:		Aetna Health Inc. (a PA corp.)										State:		KY																							
4	HIOS Issuer ID:		34822										Market:		Individual																							
5	Effective Date of Rate Change(s): 1/1/2016																																					
6																																						
7																																						
8	Market Level Calculations (Same for all Plans)																																					
9																																						
10																																						
11	Section I: Experience period data																																					
12	Experience Period:		1/1/2014		to		12/31/2014																															
13							Experience Period																															
14							Aggregate Amount		PMPM		% of Prem																											
15	Premiums (net of MLR Rebate) in Experience Period:						\$0		#DIV/0!		#DIV/0!																											
16	Incurred Claims in Experience Period						\$0		#DIV/0!		#DIV/0!																											
17	Allowed Claims:						\$0		#DIV/0!		#DIV/0!																											
18	Index Rate of Experience Period								\$0.00																													
19	Experience Period Member Months						0																															
20	Section II: Allowed Claims, PMPM basis																																					
21					Experience Period		Projection Period:		1/1/2016		to		12/31/2016		Mid-point to Mid-point, Experience to Projection:		24 months																					
22							on Actual Experience Allowed		Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual																						
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM															
24	Inpatient Hospital		Days		0.00		\$0.00		\$0.00		1.000		1.000		1.000		1.000		0.00		\$0.00		\$0.00		381.23		\$3,076.15		\$97.73									
25	Outpatient Hospital		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00		2049.64		818.91		139.87									
26	Professional		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00		12557.89		87.26		91.31									
27	Other Medical		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00		1156.20		280.21		27.00									
28	Capitation		Other		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00		13585.55		5.06		5.72									
29	Prescription Drug		Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00		15013.59		46.18		57.78									
30	Total								\$0.00										0.00		0.00		0.00						\$419.42									
31																																						
32	Section III: Projected Experience:						Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)						0.00%				100.00%		After Credibility		Projected Period Totals																	
33							Paid to Allowed Average Factor in Projection Period												0.663																			
34							Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$278.08		\$25,026,781																	
35							Projected Risk Adjustments PMPM												-2.55		(229,500)																	
36							Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$280.63		\$25,256,281																	
37							Projected ACA reinsurance recoveries, net of rein prem, PMPM												14.98		1,348,200																	
38							Projected Incurred Claims												\$265.65		\$23,908,081																	
39																																						
40							Administrative Expense Load										13.59%		48.56		4,370,606																	
41							Profit & Risk Load										4.20%		15.01		1,350,739																	
42							Taxes & Fees										7.87%		28.12		2,531,028																	
43							Single Risk Pool Gross Premium Avg. Rate, PMPM												\$357.34		\$32,160,454																	
44							Index Rate for Projection Period												419.42																			
45							% increase over Experience Period												#DIV/0!																			
46							% Increase, annualized:												#DIV/0!																			
47							Projected Member Months														90,000																	
48																																						
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																					
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Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Aetna Health Inc. (a PA corp.)
34822
1/1/2016

State:
Market:

KY
Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		KY IVL 34822KY005					KY IVL 34822KY004				
Product ID:											
Metal:		Gold	Silver	Bronze	Bronze	Catastrophic	Gold	Silver	Bronze	Bronze	Catastrophic
AV Metal Value		0.780	0.681	0.619	0.603	0.613	0.780	0.681	0.619	0.603	0.613
AV Pricing Value		1.155	0.949	0.731	0.685	0.690	1.174	0.916	0.743	0.696	0.701
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		KY Aetna Gold \$10 Copay HNOOnly	KY Aetna Silver \$10 Copay HNOOnly	KY Aetna Bronze \$40 Copay HNOOnly	Deductible Only HNOOnly	KY Aetna Catastrophic HNOOnly	KY Aetna Gold \$10 Copay HNOOnly PD	KY Aetna Silver \$10 Copay HNOOnly PD	KY Aetna Bronze \$40 Copay HNOOnly PD	Deductible Only HNOOnly PD	KY Aetna Catastrophic HNOOnly PD
Plan ID (Standard Component ID):		34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%					0.00%				
Historical Rate Increase - Calendar Year - 1		0.00%					0.00%				
Historical Rate Increase - Calendar Year 0		0.00%					0.00%				
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%					0.00%				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005
Inpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	90,000	3,600	45,000	13,500	9,900	900	900	9,000	4,500	1,800	900

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005
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Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

.tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005
Plan Adjusted Index Rate	\$353.94	\$467.80	\$384.22	\$296.09	\$277.54	\$279.37	\$475.37	\$371.04	\$300.88	\$282.03	\$283.84
Member Months	90,000	3,600	45,000	13,500	9,900	900	900	9,000	4,500	1,800	900
Total Premium (TP)	\$31,854,457	\$1,684,094	\$17,289,723	\$3,997,259	\$2,747,644	\$251,433	\$427,831	\$3,339,401	\$1,353,964	\$507,649	\$255,456
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$37,747,800	\$1,696,894	\$20,003,990	\$5,084,479	\$3,617,839	\$325,723	\$430,874	\$3,868,082	\$1,721,184	\$668,006	\$330,728
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$13,976,162	\$426,365	\$7,052,624	\$2,139,934	\$1,584,546	\$139,507	\$108,053	\$1,368,162	\$723,367	\$292,160	\$141,445
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$2,500,542	\$0	\$2,500,542	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	17.89%	0.00%	35.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$23,771,638	\$1,270,528	\$12,951,366	\$2,944,545	\$2,033,293	\$186,217	\$322,821	\$2,499,920	\$997,817	\$375,847	\$189,283
Net Amt of Rein	\$1,348,200	\$53,928	\$674,100	\$202,230	\$148,302	\$13,482	\$13,482	\$134,820	\$67,410	\$26,964	\$13,482
Net Amt of Risk Adj	-\$229,500	-\$9,180	-\$114,750	-\$34,425	-\$25,245	-\$2,295	-\$2,295	-\$22,950	-\$11,475	-\$4,590	-\$2,295



